

**From:** [Butler, Kathy](#)  
**To:** [Fick, Mackinze](#)  
**Subject:** RE: CON 6199 HS  
**Date:** Thursday, May 15, 2025 1:51:15 PM  
**Attachments:** [image005.png](#)  
[image006.png](#)  
[image002.png](#)  
[image004.png](#)  
[2025-04-28 Dr. Goldstein Letter of Support - SSH St. Louis Bed Addition \(4936-5025-0307.1\).pdf](#)

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Thanks Mackinze. We also received a letter of support from Dr. Goldstein, which he may have sent to you directly, but I am attaching it just in case so our file is complete.

Best regards,

Kathy

**Kathy H. Butler**  
*Partner*

DIRECT: [314.516.2661](tel:314.516.2661)  
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**From:** Fick, Mackinze <Mackinze.Fick@health.mo.gov>  
**Sent:** Thursday, May 15, 2025 1:01 PM  
**To:** Butler, Kathy <KButler@ubglaw.com>  
**Subject:** RE: CON 6199 HS

Kathy,

I have received this information. Once reviewed, I will reach out if anything additional is needed.

Thank you!

*Mackinze Fick*



Assistant Program Coordinator  
Certificate of Need Agency :  
<http://health.mo.gov/information/boards/certificateofneed/index.php>  
Missouri Department of Health and Senior Services  
920 Wildwood Drive, Jefferson City, MO. 65102  
✉: [mackinzey.fick@health.mo.gov](mailto:mackinzey.fick@health.mo.gov) | ☎: 573-751-6403

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**From:** Butler, Kathy <[KButler@ubglaw.com](mailto:KButler@ubglaw.com)>  
**Sent:** Wednesday, May 14, 2025 2:31 PM  
**To:** Fick, Mackinzey <[Mackinzey.Fick@health.mo.gov](mailto:Mackinzey.Fick@health.mo.gov)>  
**Subject:** RE: CON 6199 HS

Mackinzey,

See the answers to your questions below in red and the relevant attachments.

Best regards,

Kathy

**Kathy H. Butler**  
*Partner*

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**From:** Fick, Mackinzey <[Mackinzey.Fick@health.mo.gov](mailto:Mackinzey.Fick@health.mo.gov)>  
**Sent:** Monday, May 12, 2025 4:01 PM

**To:** Butler, Kathy <[KButler@ubglaw.com](mailto:KButler@ubglaw.com)>

**Subject:** CON 6199 HS

Kathy,

After review of the application, some additional information is needed.

- Will the 10 additional beds be semi-private or private?
  - o They will be private rooms. Please see the attached schematic which shows only one bed per room. This is on p. 27 of the application.
- Provide a revenues and expenses form for years 2022-2024.
  - o Please see the attached addition for Attachment IV.3 – Revenues and Expenses SSH St. Louis 10 Bed Addition (2022-2024).

**This information is needed by Friday, May 23<sup>rd</sup>, 2025.**



*Mackinzey Fick*

Assistant Program Coordinator

Certificate of Need Agency :

<http://health.mo.gov/information/boards/certificateofneed/index.php>

Missouri Department of Health and Senior Services

920 Wildwood Drive, Jefferson City, MO. 65102

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# Certificate of Need Program

## SERVICE-SPECIFIC REVENUES AND EXPENSES

**Project Title:**

**Project #:**

**Historical Financial Data for Latest Three Full Years plus  
Projections Through Three Full Years Beyond Project Completion**

*Use an individual form for each affected service with a  
sufficient number of copies of this form to cover entire period,  
and fill in the years in the appropriate blanks.*

**Year**

**Amount of Utilization:\***

**Revenue:**

Average Charge\*\*

Gross Revenue

Revenue Deductions

Operating Revenue

Other Revenue

**TOTAL REVENUE**

**Expenses:**

Direct Expenses

Salaries

Fees

Supplies

Other

**TOTAL DIRECT**

Indirect Expenses

Depreciation

Interest\*\*\*

Rent/Lease

Overhead\*\*\*\*

**TOTAL INDIRECT**

**TOTAL EXPENSES**

**NET INCOME (LOSS):**

\*Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment,  
or other appropriate units of measure specific to the service affected.

\*\*Indicate how the average charge/procedure was calculated.

\*\*\*Only on long term debt, not construction.

\*\*\*\*Indicate how overhead was calculated.





# PULMONARY CONSULTANTS, INC.

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Wm. Douglas Zweig, M.D., FCCP  
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M. Jeffrey Barkoviak, M.D., FCCP  
Alan D. Brook, M.D., FCCP  
Scott J. Zuick, M.D.  
Casey L. Stahlheber, M.D.  
Jessica H. Zweig, M.D.  
Jason C. Zweig, M.D.  
Marcee L. Stegemeier, APRN-BC  
Elysha M. Kachevas, FNP-C  
Ewa Vaizers, FNP-C

April 28, 2025

Ms. Alison Dorge  
Program Coordinator  
Certificate of Need Program  
Missouri Department of Health and Senior Services  
920 Wildwood Drive, P.O. Box 570  
Jefferson City, Missouri 65109

**RE: Select Specialty Hospital – St. Louis, Project # 6199 HS –  
10-Bed Addition Long Term Care Hospital Facility in St. Charles**

Dear Ms. Dorge,

I am writing to express my support for Select Specialty Hospital-St. Louis adding ten additional long term care hospital ("LTCH") beds at 300 1<sup>st</sup> Capitol Drive, St. Charles, MO 63301. I am currently a pulmonologist at SSM St. Joseph Hospital where Select Specialty Hospital-St. Louis is located.

Select Medical, parent of Select Specialty Hospital-St. Louis Central, has a history of providing high-quality LTCH services across the greater St. Louis market. With the closure of the sixty-bed Kindred St. Louis LTCH, the additional ten LTCH beds at Select Specialty Hospital-St. Louis will be essential to ensure that LTCH services can continue to be available in the greater St. Charles and St. Louis markets.

LTCH services are unique services provided to patients with medically complex medical needs. LTCH patients require extended hospital stays to facilitate recovery and independence. Select Specialty Hospital-St. Louis Central will provide acute care hospital services to patients that need an extended-term hospital level of care, including those who are ventilator dependent, or suffer from renal disorders, infection diseases, cardiac conditions, traumatic brain injuries and other significant, medically complex critical illnesses that require extended acute care interventions.

With fewer options in the market, providers and patients will have to travel much further to receive this level of care. Patients and families will have to travel well outside of the community to access this level of care, away from family, support systems and their health care providers.

I believe increasing LTCH services in St. Charles and the greater St. Louis market is important for the health of the community and its residents and strongly support the approval of Select Specialty Hospital-St. Louis's application to add ten additional LTCH beds at its current location.

Sincerely

A handwritten signature in cursive script, appearing to read "Gary Goldstein".

Dr. Gary Goldstein, MD

A handwritten mark consisting of a large, stylized "M" followed by a horizontal line, possibly representing initials or a signature.

**From:** [Butler, Kathy](#)  
**To:** [Fick, Mackinze](#)  
**Subject:** RE: 6199 HS  
**Date:** Thursday, June 5, 2025 6:18:11 PM  
**Attachments:** [image003.png](#)  
[image001.png](#)  
[image004.png](#)  
[Application #6199 HS - Divider III Service Specific Criteria and Standards.pdf](#)

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Mackinze,

I have reviewed what you sent and I think if the need is 97 beds and there are currently 99, the surplus at least initially is 2 beds. I have attached a revised Divider III (p. 67) that I think accurately reflects the population data, count and need calculation, including a statement about the approved v. licensed beds as a result of the transition of SSH T&C from Ballas Rd. to Dunn Rd. I noticed some errors on the numbers in the original submission, although the conclusion on the number of beds was correct. If possible, can you correct this page by substituting it into the application or adding this an addendum? If you have any questions, please let me know.

Best regards,

Kathy

**Kathy H. Butler**  
*Partner*

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**From:** Fick, Mackinze <Mackinze.Fick@health.mo.gov>  
**Sent:** Thursday, June 5, 2025 3:43 PM  
**To:** Butler, Kathy <KButler@ubglaw.com>  
**Subject:** 6199 HS

We reviewed the population-based need calculation presented in the CON application and the population we arrived at is 972,028 (attached). We found 99 (28 CON Approved & 71 Licensed) LTCH beds in the 15-mile radius (attached). Therefore, we calculated **a bed surplus of 1 LTCH**



**beds** within 15 miles of the site.

Please note on the analysis, we will be including verbiage about the current facility and the approved beds within the radius. Therefore, the analysis will also reflect a bed need.

Let us know if you agree with our findings, thank you!



*Mackinze Fick*

Assistant Program Coordinator

Certificate of Need Agency :

<http://health.mo.gov/information/boards/certificateofneed/index.php>

Missouri Department of Health and Senior Services

920 Wildwood Drive, Jefferson City, MO. 65102

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### **DIVIDER III: SERVICE SPECIFIC CRITERIA AND STANDARDS**

- 1. For ICF/SNF beds, address the population-based bed need methodology of fifty-three (53) beds per one thousand (1,000) population age sixty-five (65) and older.**

Not applicable.

- 2. For RCF/ALF beds, address the population-based need methodology of twenty-five (25) beds per one thousand (1,000) population age sixty-five (65) and older.**

Not applicable.

- 3. For LTCH beds, address the population-based bed need methodology of one-tenth (0.1) bed per one thousand (1,000) population**

Based on population statistics provided by the State of Missouri for 2030, bed need methodology is as follows:

- Service Area: 15-mile radius around Zip Code 63301 (includes portions of City of St. Louis, St Louis, St. Charles Counties, and a limited portion of Lincoln County). See **Attachment III.3** which reflects the 2030 projected population.
- 2030 Population: 972,028
  - o  $\text{Population} / 1,000 = 972$
  - o  $\text{Beds Needed: } 972 \times .1 = 97$
- Current Licensed LTCH Bed Count in Service Area: 71
- Current CON-Approved but Unlicensed Bed Count in Service Area: 28
- Total Current Licensed/Approved Beds in Service Area: 99

Based on State of Missouri need methodology calculations, there are currently 99 LTCH beds licensed or approved in the service area resulting in a **2-bed surplus**. However, the licensing of the 28 beds approved for SSH T&C when it moves to Dunn Road and the subsequent delicensing of the 38 beds at SSH T&C's Ballas Road location will result in an **8-bed deficit** within months of the consideration of Application #6199 HS.

- 4. Document any alternate need methodology used to determine the need for additional beds such as LTCH, Alzheimer's, mental health, or other specialty beds.**

Applicant will operate specialty beds (LTCH). The service is provided in the subject property currently and will continue with approval of Applicant's application. SSH St. Louis will be the only facility providing LTCH services in St. Charles County and within a 15-mile radius following the relocation of SSH Town and Country to Barnes Jewish Christian Hospital.

- 5. For any proposed facility which is designed and operated exclusively for persons with acquire human immune deficiency syndrome (AIDS) provide information to justify the need for the type of beds being proposed.**